



MONTANA STATE HOSPITAL RESIDENTIAL CARE UNIT POLICY AND PROCEDURE

MEDICATION MANAGEMENT FOR RESIDENTIAL CARE UNIT RESIDENTS

Effective Date: December 17, 2008

Policy #: RCU- 03

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- I. PURPOSE:** To describe procedures for managing medications required by Residential Care Unit residents.
- II. POLICY:** Medication needed by Residential Care Unit residents will be prescribed at the time of transfer from the Montana State Hospital treatment unit.

Residential Care Unit residents will be on a “self-medication” program supervised by Residential Care Unit staff unless other arrangements are made. Medication will be stored in a secure location. Medication will be provided as needed.

Residential Care Unit residents must be considered “stable” on their medication and require minimal or no PRN medication.

III. DEFINITIONS:

Self-Medication – Procedure for Residential Care Unit residents to self-administer medication under the supervision of Resident Care Unit staff.

IV. RESPONSIBILITIES:

- A. Prescribing Professional – To prescribe medications needed by Residential Care Unit residents while in the program and upon transfer to a community program.
- B. Director of Nursing – To arrange for nursing services.
- C. Licensed Practical Nurse – Will provide medication education and supervision during weekly medication set-up.

V. PROCEDURES:

- A. At the time of transfer to the Residential Care Unit, the prescribing professional will write medication and other treatment orders needed by the Residential Care Unit resident.
- B. The Licensed Practical Nurse assigned to the Residential Care Unit will have keys in order to secure medications and will supervise patients self-administering their medications.
- C. The Director of Nursing will assign licensed nurses to the Residential Care Unit.

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- VI. REFERENCES:** None
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, Director of Nursing
- VIII. RESCISSIONS:** None, new policy
- IX. DISTRIBUTION:** Residential Care Unit Program Policy and Procedure Manual
- X. REVIEW AND REISSUE DATE:** December 2011
- XI. FOLLOW-UP RESPONSIBILITY:** Residential Care Unit Program Manager
- XII. ATTACHMENTS:** None

_____/_____/_____
Ed Amberg Date
Hospital Administrator

_____/_____/_____
Janette Reget Date
Residential Services Program Manager